

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 9 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36515
4435

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City Mo Mersey Hospital

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Norman Stapleton

(a) Residence, No. _____ St. _____ Ward. Lexington Mo
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2, 1933</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>6</u>	<u>9</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lexington Mo
(STATE OR COUNTRY)

13. NAME John Stapleton

14. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

15. MAIDEN NAME May Sheet

16. BIRTHPLACE (CITY OR TOWN) Jayville G Mo
(STATE OR COUNTRY)

17. INFORMANT John Stapleton
(ADDRESS) Lexington Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington Mo DATE Nov. 12 1933

19. UNDERTAKER Chas. Legut
(ADDRESS) Lexington Mo

20. FILED 11-12 1933 M. M. Lerome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1933, to 11-11, 1933

I last saw him alive on 11-11, 1933 Death is said

to have occurred on the date stated above, at 7:50 P.m.

The principal cause of death and related causes of importance were as follows:

Enteritis
119B

Date of onset
10
30
53

Other contributory causes of importance:

Name of operation no Date of _____
What test confirmed diagnosis? no Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) M. Dwyer, M. D.

(Address) 914 Medical Arts Bldg.

By M. Stafford M.D.

